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DATE:	July 21, 2005	
TO:	Mail Box: AF Examiner Patel	Group Art Unit: 2154
COMPANY:	United States Patent and Trademark Office	
FACSIMILE NO:	571-273-8300	
FROM:	H. Artoush Ohanian, Reg. No. 46,022	
RE:	Notice of Appeal to Final OA dated May 19, 2005; Title: "Email Routing According to Email Content"	Atty. Docket No.: AUS920010463US1 (044)
SERIAL NO.:	09/882,174	
NUMBER OF PAGES:	(Including Cover) 4	
COMMENTS:	Please see attached.	

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PTO/SB/21 (02-04)

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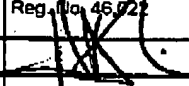
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/882,174	
	Filing Date	08/14/2001	
	First Named Inventor	William K. Bodin	
	Art Unit	2154	
	Examiner Name	Patel, Hareesh N.	
Total Number of Pages in This Submission	4	Attorney Docket Number	AUS920010463US1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Transmittal Sheet; Notice of Appeal PTO/SB/31 (2 Originals).
Remarks The Commissioner is authorized to charge or credit Deposit Account No. 09-0447.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	H. Artpush Ohanian Reg. No. 46,722
Signature	
Date	July 21, 2005

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Signature		Date	July 21, 2005

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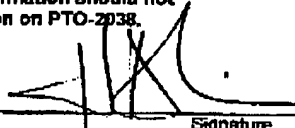
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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) AUS920010463US1	
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Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ 500.00	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		07/25/2005 HBINAS 00000007 090447 09802174	
<input type="checkbox"/> A check in the amount of the fee is enclosed.		01 FC:1401 500.00 DA	
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>09-0447</u> . I have enclosed a duplicate copy of this sheet.			
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the		 Signature	
<input type="checkbox"/> applicant/inventor.		<u>H. Artoush Ohanian</u> Typed or printed name	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)		<u>(512) 472-9881</u> Telephone number	
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>46,022</u>		<u>July 21, 2005</u> Date	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34, _____			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>2</u> forms are submitted.			

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